WARRANTY CLAIM FORM

PLEASE SUBMIT CLAIM INTO WARRANTY EXPRESS ELECTRONICALLY OR SUBMIT CLAIM FORM TO YOUR LOCAL DISTRIBUTOR.

		P	ress Firmly, Bear Down				
IMPORTANT!!	INFORMA	TION REQU	JIRED IN SECTIONS	1 THROUGH 9 MUS	ST BE FILLED OUT		
COMPLETELY AND ACCURATELY. INCOMPLETE CLAIMS CANNOT BE							
A 12175301 PROCESSED AND REIMBURSEMENTS WILL BE DELAYED.							
Check One: Pro	oduct Warranty	Extended	-	rranty Special Lab	or Allowance		
1 MONTH	DAY YEAR	3	SERVICE CONTRACTOR				
DATE INSTALLED		ADDRES	5S				
DATE OF SERVICE		CITY	STATE		ZIP		
2 MODEL NUMBER	1 ,	GOODO	CARE/ASURE				
		4	CUSTOMER	· · ·			
SERIAL NUMBER		ADDRES	38				
		CITY		STATE	ZIP		
(OUTDOOR) MODEL NUMBER		AREA CODE	PHONE NU	MBER			
(OUTDOOR) SERIAL NUMBER			PROJECT CODE / SPECIAL	**COMPONENT CAUSE CODES			
			AUTHORIZATION NO.	COMPONENT	CAUSE		
5 DISTRIBUTOR/BRANCH NAME							
NUMBER							
7 PARTS AND MATERIALS							
FAILED PART NO.		CEMENT	DES	CRIPTION	QTY. CREDIT/		
PART NUMBER					REPLACE		
COMPRESSOR / MOTOR FAILED			NEW				
REASON FOR			SERIAL SERVICE PERFORMED				
O FAILURE			PERFORMED				
L			1				
10 EXTENDED SERVICE			EXPIRATION				
10 CONTRACT NO. 11 PARTS SOURCE			DATE 12	SPECIAL LABO	DR ALLOWANCE		

SOURCE	1Z SPECIAL LABOR ALLOWANCE				
* PARTS PURCHASE		CREDIT/CHECK AMOUNT			
INVOICE NO.	CREBINGIE CRAMOORT				
CREDIT MEMO		UNIT REPLACEMENT AMOUNT			
PRF/DEBIT		MILEAGE/CARTAGE			
NO.	MILEAGE/GANTAGE				
13 Factory Use Only	I HEREBY CERTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.				
	14 SERVICE TECHNICIAN SIGNATURE X		DATE		
	15 DISTRIBUTOR/BRANCH SIGNATURE X		DATE		
	SIGNATUREA				

* SERVICERS MU ST PROVIDE COPY OF PARTS INVOICE

** SEE REVERSE FOR COMPONENT/CAUSE CODES

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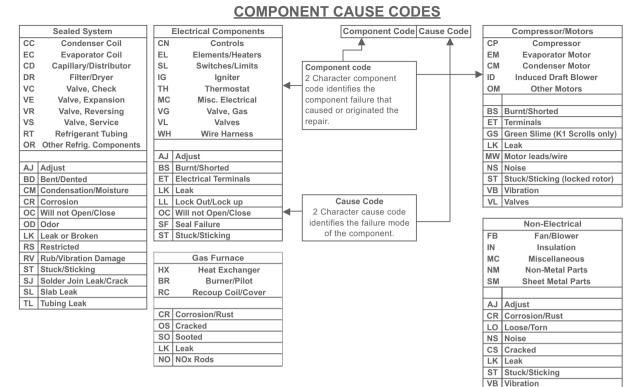
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IMPORT	ΔΝΤΙΙ	INFOF	RMATIC	ON REQI	JIRED IN	SECTIONS	1 THROU	GH 9 MUS	ST BE FILL	ED OUT
						RATELY. II				
A 1217	5301		PF	OCESSI	ED AND F	REIMBURSE	EMENTS V	VILL BE DE	ELAYED.	
Check One:	Pro	duct Warra	anty	Extended	d Warranty	Part Wa	rranty	Special Labo	or Allowance	
1	MONTH	DAY	YEAR	3	SERVICE CONTRACTOR					
DATE INSTALLED				ADDRE	SS					
DATE OF SERVICE				CITY		STATE			ZIP	
2 MODEL NUMBE	ER			GOOD NUMB	CARE/ASURE					
				4	CUSTOMER	I				
SERIAL NUMBER		I		ADDRE						
				CITY			STATE		ZIP	
(OUTDOOR) MODEL NU	MBER			AREA CODE		PHONE NU	MBER			
				CODE						
			6	6 PROJECT CODE / SPECIAL		**COMPONENT CAUSE CODES				
				AUTHORIZATION NO.			COMPONENT		CAUSE	
	BRANCH									
NUMBER										
PARTS AND MA	ATERIALS	1	REPLACEM							005017/
FAILED PAR	T NO.		PART NUM		DESCRIPTION				QTY.	CREDIT/ REPLACE
COMPRESSOR / MOTOF	R FAILED SERIAL				NE SE	W RIAL				
8 REASON FOR FAILURE	·					RVICE RFORMED				
										,
10 EXTENDED SE					EX	PIRATION				
11 PARTS					DA	12		SPECIAL LABO	RALLOWANCE	

SOURCE				
* PARTS PURCHASE		CREDIT/CHECK AMOUNT		
INVOICE NO.		CREDIT/CHECK AMOUNT		
CREDIT MEMO		UNIT REPLACEMENT AMOUNT		
PRF/DEBIT NO.		MILEAGE/CARTAGE		
13 Factory Use Only	I HEREBY CER	RTIFY THE SERVICE SHOWN HAS BEEN PERFORMED AND PURCHASE DATE VERIFIED.		
	14 SERVICE TECHNICIAN SIGNATURE X		DATE	
	15 DISTRIBUTOR/BRANCH SIGNATURE X		DATE	
	_			

* SERVICERS MUST PROVIDE COPY OF PARTS INVOICE



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Procedures for Completing Warranty Claim Form

1 Sections 1 through 9 must be filled out completely and accurately to prevent claim rejection and processing delays.

2 Warranty Type Check Boxes

a. <u>Product Warranty</u>; this refers to any item (part or Labor) covered under the terms of the stated product warranty as stated in the warranty certificate shipped with the product. Labor only included on certain models.

b. Extended Warranty; if the product is covered by a Goodman extended service policy (Asure or Goodcare) check the box and enter the contract number and expiration date in section 10.

c. <u>Part Warranty</u>; replacement parts purchased by the customer for product no longer covered by the standard product warranty are covered by a 1 year replacement part warranty. Check this box if replacement part is within the 1 year part warranty. <u>Must provide customer proof of purchase</u>.

d. <u>Special Labor Allowance</u>; Check this box for any labor request that does not fall under the normal product warranty or extended service policy as described above. Includes DOA, concessions and special programs offered via Service Bulletins. Subject to policies outlined in Distributor Service Policy book.

- 3 Section 2. Model & Serial Number; additional space has been provided for a second Model & Serial number. If servicing an indoor coil or blower cabinet, please list the model & serial of the outdoor unit in the space provided. This is necessary as some coil warranties are dependent upon the outdoor unit match.
- 4 <u>Section 6</u>, <u>Project Code/Special Authorization</u>; if the repair is covered under a Project Code list the project number in the space provided. Special projects and project codes are provided via service bulletins. In some cases a special authorization may be provided by the factory authorizing repairs outside of standard warranty. If provided with a Special Authorization number it is important to list this authorization number in the space provided, the concession number provides warranty administration with the necessary information to properly process the claim.
- 5 Section 6, Component/Cause Codes; using the claim coding table on the back of this claim form select the Component & Cause Codes that best describes the root cause of this repair. Enter the two two character codes in the fields provided.
- 6 Section 7, Parts & Materials; the refrigerant drier must be replaced and the part number listed on all sealed system claims where the system is opened to the atmosphere or refrigerant system parts are replaced. Failure to replace the filter drier will result in rejection of any applicable labor reimbursement.
- 7 Section 10, Extended Service Contract No & Expiration Date; if the product is covered by an Asure or Goodcare extended service policy, servicer must list the contract number and expiration date in the fields provided.
- 8 Section 11, Parts Source, Parts Purchase Invoice Number, PRF/Debit Memo Number; list the parts source and invoice number from which the parts were purchased. For customers who file part claims directly with the factory you are required to provide a copy of your parts invoice as proof of purchase (not required for distributors). Distributors, to help in keeping your claim batches together we recommend you list the PRF or Debit Memo number in the space provided.
- 9 Section 12, Special Labor Allowance; distributor, if you are requesting a labor allowance or DOA enter the amount requested (per published DOA guidelines) in the Check/Credit Amount field (requires distributor signature). If replacing a unit, enter the unit amount in the unit Replacement Amount field and enter the replacement Model & Serial numbers in section 7. Amana unit credits will be issued at the distributors cost for the replacement unit. Some products with full warranties provide for a cartage allowance, if applicable enter the cartage allowance in the space provided.
- 10 Section 13, Factory Use Only; branch of regional service manager use this space to provide authorization and instructions for processing claims outside of standard warranty policy.